

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044412

1. Entity Name

WORLD SYNERGIES, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90034 022 ***150.00

Principal Place of Business

KEY CENTER, SUITE 1320, 50 FOUNTAIN PLAZA
BUFFALO NY 14202-2212

Mailing Address

KEY CENTER, SUITE 1320, 50 FOUNTAIN PLAZA
BUFFALO NY 14202

2. Principal Place of Business

9000 CYPRESS GREEN DRIVE
Suite, Apt. #, etc.

3. Mailing Address

9000 CYPRESS GREEN DRIVE
Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA
Zip 32256 Country U.S.A

City & State

JACKSONVILLE, FLORIDA
Zip 32256 Country U.S.A

4. FEI Number

06-1546747

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE CHAIRMAN & CEO
NAME NATALINO GIOLO
STREET ADDRESS 9000 CYPRESS GREEN DRIVE
CITY-ST-ZIP JACKSONVILLE, FLORIDA 32256 ☐ Delete

TITLE SECRETARY
NAME CHRIST GAETANOS
STREET ADDRESS 1300 MAIN PLACE TOWER
CITY-ST-ZIP BUFFALO, NEW YORK 14202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NICHOLAS P. PAPPADIS, NICHOLAS PAPPADIS, ACTING PRESIDENT

3-31-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

904-787-7511

CR2E034 (9/99)